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| Substituted Form<br>PTO-135   |  | U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE<br><b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>         DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>         CONCERNING A FILING UNDER 35 U.S.C. 371</b> |  | ATTORNEY'S DOCKET NUMBER<br><b>032256-019</b>                        |  |
|   |  |  |  | U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><b>10/501,844</b> |  |
| INTERNATIONAL APPLICATION NO.<br><b>PCT/CA03/00052</b>  |  | INTERNATIONAL FILING DATE<br><b>15 January 2003 (15.01.2003)</b>   |  | PRIORITY DATE CLAIMED<br><b>16 January 2002 (16.01.2002)</b>         |  |
| TITLE OF INVENTION<br><b>POLYMER ELECTROLYTE WITH HIGH STABILITY, ITS USE IN ELECTROCHEMICAL SYSTEMS</b>  |  |  |  |  |  |
| APPLICANT(S) FOR DO/EO/US<br><b>ZAGHIB, Karim; PERRIER, Michel; GUERFL, Abdelbast; DUPUIS, Elisabeth; CHAREST, Patrick; ALLAIRE, Francois; and ARMAND, Michel</b>                             |  |  |  |  |  |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |  |  |  |  |  |
| 1. <input type="checkbox"/> This is a <b>FIRST</b> submission to items concerning a filing under 35 U.S.C. 371.   |  |  |  |  |  |
| 2. <input checked="" type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a filing under 35 U.S.C. 371.  |  |  |  |  |  |
| 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (22) indicated below. |  |  |  |  |  |
| 4. <input type="checkbox"/> The US has been elected by the expiration of 19 months from the priority date (Article 31).   |  |  |  |  |  |
| 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2))  |  |  |  |  |  |
| a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).   |  |  |  |  |  |
| b. <input type="checkbox"/> has been communicated by the International Bureau.  |  |  |  |  |  |
| c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).  |  |  |  |  |  |
| 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2))   |  |  |  |  |  |
| a. <input type="checkbox"/> is attached hereto.   |  |  |  |  |  |
| b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).  |  |  |  |  |  |
| 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))  |  |  |  |  |  |
| a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).  |  |  |  |  |  |
| b. <input type="checkbox"/> have been communicated by the International Bureau.   |  |  |  |  |  |
| c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.   |  |  |  |  |  |
| d. <input type="checkbox"/> have not been made and will not be made.  |  |  |  |  |  |
| 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).   |  |  |  |  |  |
| 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).   |  |  |  |  |  |
| 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).                   |  |  |  |  |  |
| <b>Items 11 to 21 below concern document(s) or information included:</b>  |  |  |  |  |  |
| 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.   |  |  |  |  |  |
| 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.  |  |  |  |  |  |
| 13. <input type="checkbox"/> A FIRST preliminary amendment.   |  |  |  |  |  |
| 14. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment.  |  |  |  |  |  |
| 15. <input type="checkbox"/> A substitute specification.  |  |  |  |  |  |
| 16. <input type="checkbox"/> A change of power of attorney and/or address letter.   |  |  |  |  |  |
| 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 C.F.R. 1.821 - 1.825.  |  |  |  |  |  |
| 18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4).  |  |  |  |  |  |
| 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).  |  |  |  |  |  |
| 20. <input checked="" type="checkbox"/> Other items or information: <u>Notice of Missing Requirements; Supplemental Application Data Sheet; and PCT/ISA/210</u>                               |  |  |  |  |  |
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| U.S. APPLICATION NO. (If known, see 37 CFR 1.5)<br><div style="text-align: center;">10/501,844</div> | INTERNATIONAL APPLICATION NO.<br><div style="text-align: center;">PCT/CA03/00052</div> | ATTORNEY'S DOCKET NUMBER<br><div style="text-align: center;">032256-019</div> |
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| 21. <input type="checkbox"/> Applicant(s) requests that the published application include the following assignment information:<br><div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> | <b>CALCULATIONS PTO USE ONLY</b><br><div style="border: 1px solid black; height: 100px;"></div> |
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 22. ☐ The following fees are submitted:
 

| Basic Filing Fee (1631)   | \$ 0.00      |              |                   |                         |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
|---|--------------|--------------|-------------------|-------------------------|-----------|--|--------------|-------|---|------------------|--|---------|--------------------|-------|---|-------------------|--|---------|---|--|--|-------------------|--|--|-----------------|--|--|-------------------|--|---------|------------|--|--|-------------------|--|---------|--|--|--|--|--|--|-------------------------------|--|--|--|--|-----------|--|--|--|--|---|---------|------------|--|--|--|--|-----------|--|--|--|--|--|---------|----------------------|--|--|--|--|-----------|--|--|--|--|--|--|-----------------------|--|--|--|--|-----------|--|--|--|--|-------------------------|--|--|--|--|--|-----------|--|
| Surcharge of <b>\$130.00 (1617)</b> for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input checked="" type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)).  | \$ 130.00    |              |                   |                         |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:25%;">CLAIMS</th> <th style="width:15%;">NUMBER FILED</th> <th style="width:15%;">NUMBER EXTRA</th> <th style="width:15%;">RATE</th> <th style="width:10%;">\$</th> <th style="width:20%;"></th> </tr> <tr> <td>Total Claims</td> <td>-20 =</td> <td>0</td> <td>X \$50.00 (1615)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td>0</td> <td>X \$200.00 (1614)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ \$360.00 (1616)</td> <td></td> <td></td> </tr> <tr> <td colspan="3">Examination Fee</td> <td>+ \$200.00 (1633)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">Search Fee</td> <td>+ \$500.00 (1632)</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="3">App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td></td> <td>\$ 130.00</td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.         </td> <td style="text-align: center;">+</td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL =</td> <td></td> <td>\$ 130.00</td> </tr> <tr> <td colspan="4">           Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)).         </td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL NATIONAL FEE =</td> <td></td> <td>\$ 130.00</td> </tr> <tr> <td colspan="4">           Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property +         </td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL FEES ENCLOSED =</td> <td></td> <td>\$ 130.00</td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">Amount to be refunded :</td> <td></td> </tr> <tr> <td colspan="4"></td> <td style="text-align: center;">charged :</td> <td></td> </tr> </table> | CLAIMS       | NUMBER FILED | NUMBER EXTRA      | RATE                    | \$        |  | Total Claims | -20 = | 0 | X \$50.00 (1615) |  | \$ 0.00 | Independent Claims | - 3 = | 0 | X \$200.00 (1614) |  | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |  |  | + \$360.00 (1616) |  |  | Examination Fee |  |  | + \$200.00 (1633) |  | \$ 0.00 | Search Fee |  |  | + \$500.00 (1632) |  | \$ 0.00 | App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets) |  |  |  |  |  | TOTAL OF ABOVE CALCULATIONS = |  |  |  |  | \$ 130.00 | <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2. |  |  |  | + | \$ 0.00 | SUBTOTAL = |  |  |  |  | \$ 130.00 | Processing fee of <b>\$130.00 (1618)</b> for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). |  |  |  |  | \$ 0.00 | TOTAL NATIONAL FEE = |  |  |  |  | \$ 130.00 | Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). <b>\$40.00 (8021)</b> per property + |  |  |  |  |  | TOTAL FEES ENCLOSED = |  |  |  |  | \$ 130.00 |  |  |  |  | Amount to be refunded : |  |  |  |  |  | charged : |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA | RATE              | \$                      |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| Total Claims  | -20 =        | 0            | X \$50.00 (1615)  |                         | \$ 0.00   |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| Independent Claims  | - 3 =        | 0            | X \$200.00 (1614) |                         | \$ 0.00   |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              |              | + \$360.00 (1616) |                         |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| Examination Fee   |              |              | + \$200.00 (1633) |                         | \$ 0.00   |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| Search Fee  |              |              | + \$500.00 (1632) |                         | \$ 0.00   |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| App. Size Fee (add \$250.00 for each add'l 50 sheets exceeding 100 sheets)  |              |              |                   |                         |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| TOTAL OF ABOVE CALCULATIONS =   |              |              |                   |                         | \$ 130.00 |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.  |              |              |                   | +                       | \$ 0.00   |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
| SUBTOTAL =  |              |              |                   |                         | \$ 130.00 |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
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| TOTAL NATIONAL FEE =  |              |              |                   |                         | \$ 130.00 |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
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| TOTAL FEES ENCLOSED =   |              |              |                   |                         | \$ 130.00 |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
|   |              |              |                   | Amount to be refunded : |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |
|   |              |              |                   | charged :               |           |  |              |       |   |                  |  |         |                    |       |   |                   |  |         |   |  |  |                   |  |  |                 |  |  |                   |  |         |            |  |  |                   |  |         |  |  |  |  |  |  |                               |  |  |  |  |           |  |  |  |  |   |         |            |  |  |  |  |           |  |  |  |  |  |         |                      |  |  |  |  |           |  |  |  |  |  |  |                       |  |  |  |  |           |  |  |  |  |                         |  |  |  |  |  |           |  |

  

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 01 FC-1617 130.00 OP

a. ☐ A check in the amount of \_\_\_\_\_ to cover the above fees is enclosed.  
 b. ☐ Please charge my Deposit Account No. 02-4800 in the amount of \_\_\_\_\_ to cover the above fees. A duplicate copy of this sheet is enclosed.  
 c. ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-4800. A duplicate copy of this sheet is enclosed.  
 d. ☒ Charge \$ 130.00 to credit card. Form PTO-2038 is attached.

NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status.

  

SEND ALL CORRESPONDENCE TO:  
  
 Burns, Doane, Swecker & Mathis, L.L.P.  
 P.O. Box 1404  
 Alexandria, Virginia 22313-1404  
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for William C. Rowland  
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33096  
30,888  
 REGISTRATION NO.

June 10, 2005  
 DATE



## UNITED STATES PATENT AND TRADEMARK OFFICE

Rec CT/PTO 10 JUN 2005

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| U.S. APPLICATION NUMBER NO. | FIRST NAMED APPLICANT | ATTY. DOCKET NO. |
|-----------------------------|-----------------------|------------------|
| 10/501,844                  | Karim Zaghib          | 032256-019       |

INTERNATIONAL APPLICATION NO.

PCT/CA03/00052

| IA. FILING DATE | PRIORITY DATE |
|-----------------|---------------|
|-----------------|---------------|

01/15/2003

01/16/2002

Burns, Doans, Swecker & Mathis, LLP  
 PO Box 1404  
 Alexandria, VA 22313-1404

CONFIRMATION NO. 8954

371 FORMALITIES LETTER



\*OC000000014686378\*

Date Mailed: 12/10/2004

### NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 07/16/2004
- English Translation of the IA filed on 07/16/2004
- Copy of the International Search Report filed on 07/16/2004
- Copy of IPE Report filed on 07/16/2004
- Preliminary Amendments filed on 07/16/2004
- Copy of references cited in ISR filed on 07/16/2004
- U.S. Basic National Fees filed on 07/16/2004
- Priority Documents filed on 07/16/2004

BNT/WCR/NEW  
 BURNS, DOANS, SWECKER & MATHIS, L.L.P.  
 RECEIVED

DEC 13 2004

12-13-04

DOCKETED

DEC 13 2004

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.
- \$130 Surcharge for providing the oath or declaration later than 30 months from the priority date (37 CFR 1.492(e)) is required.

## SUMMARY OF FEES DUE:

Total additional fees required for this application is \$130 for a Large Entity:

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- \$130 Late oath or declaration Surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE

Missing Parts Due 2-10-05

DATE OF THIS NOTICE OR BY 2 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

MAMIE P PERSON

Telephone: (703) 305-3737

PART 1 - ATTORNEY/APPLICANT COPY

| U.S. APPLICATION NUMBER NO. | INTERNATIONAL APPLICATION NO. | ATTY. DOCKET NO. |
|-----------------------------|-------------------------------|------------------|
| 10/501,844                  | PCT/CA03/00052                | 032256-019       |

FORM PCT/DO/EO/905 (371 Formalities Notice)

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